

# Targeting nurses to improve paediatric and adolescent viral load suppression: A package of technical assistance

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## Background: The Third 90

- In South Africa, the management of children and adolescents on ART remains a challenge<sup>1</sup>:
  - Incorrect doses for their weight
  - Complicated ART regimens,
  - Inadequate VL monitoring,
  - Inadequate adherence counselling and disclosure of HIV status

All of which impact adherence and lead to drug resistance.

- Problem: How to provide technical assistance to over 200 facilities in three provinces?
  - 1. Meyers et al., JID, 2007

### Methods

1) Automated file review template

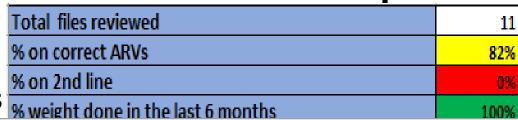
2) Nurses viral load workshops

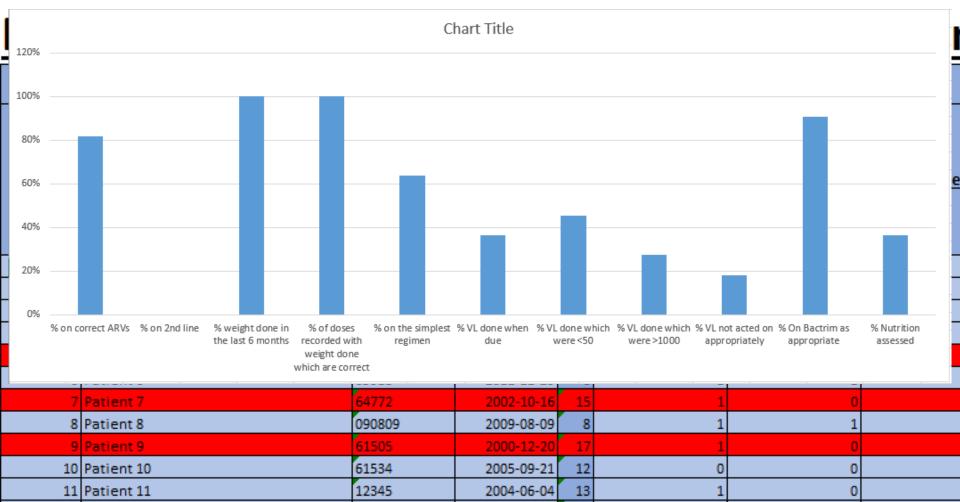
3) NHLS VL Results for Action Report

4) Paediatric HIV Helpline

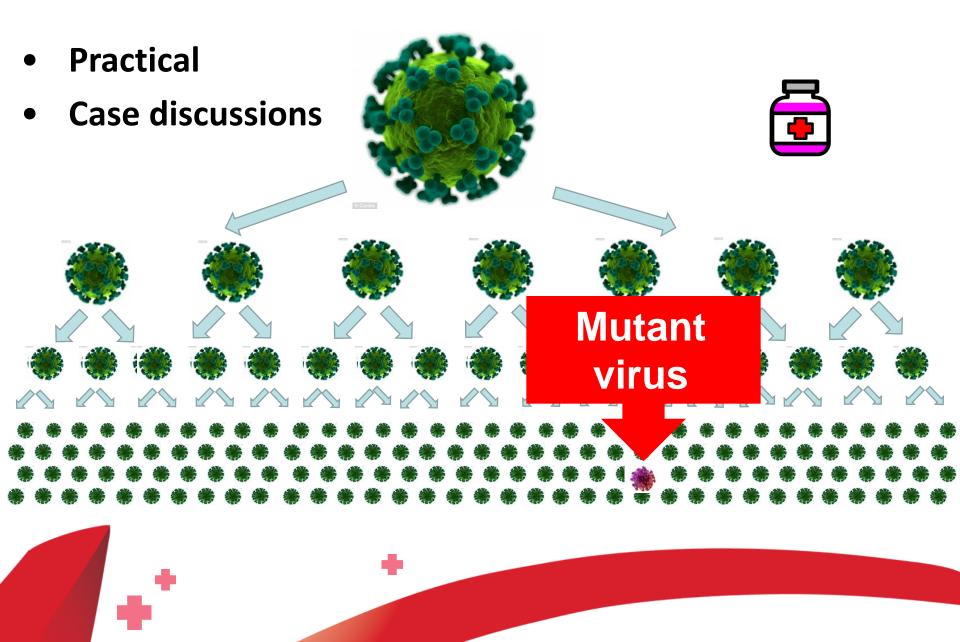
## 1. Automated File review template

- Convenient sample
- Files with high viral loads





## 2. Nurses Viral load workshops



## 3. NHLS VL Results for Action

- Follow up on individual patients is challenging
- Many results received weekly from the NHLS VL RfA
- Interventions to suppress VL are varied and complex

Date:		
acility name:	File number:	
	•Result: Date://20	copies/ml
	Previous VL and date: Date://20	copies/ml
	Previous VL and date: Date://20	
Retrieve	•Has the patient defaulted:	Y N
File	DateSign:	
	•Is this a VL we need to act on?	YD ND
	•When is follow up needed? Date: _	//20
iscuss with	DateSign:	
Contact the patient patient and/or caregiver	Date Sign:  If contacted, what steps have been taken: One-on-one enhanced adherence / step up counselling Is their disclosure status recorded in their file? Fully disclosed: Referral to support group	Y N If not:
	*Have you called the Paediatric HIV Helpline (0823526642)?     *Should the regimen be changed to: (circle) Change dosing scheduloptimise current dose Holding regimen / Second line / Third line	s /
Clinical	Has the change been made in the patient file?     DateSign:	YO NO
	•Date returned: Date://20	
	•Follow up planned for: Date://20	
	•What must be done at follow up? (Circle) Viral Load (3 months a Enhanced Adherence	
Follow up	Refer to support grou	_
	Date Sign:	۲



Right to Care HELPLINE

For clinicians, social workers, counsellors and other healthcare workers needing expert advice on all paediatric ART, adult ART, or advice on adolescent and paediatric psychosocial issues.

Call during office hours.

"Please call me" and messages may be sent.

Paediatric & Adolescent HIV Helpline

Email: paedshelp@righttocare.org 0823526642

Paediatric & Adolescent Psychosocial Helpline

Email: pshelp@righttocare.org 0713723550

Adult HIV Helpline

Email: adultarv@righttocare.org

0828993893





## Results: File Review Template

#### 475 files from 25 clinics and 2 hospitals

	Average	Number	Variation between facilities
Correct ARVs	<del>→</del> 93%	440	(50% - 100%)
Correct dose for weight	76%	360	(57% - 100%)
Simplest regimen prescribed	65%	308	(9% - 100%)
Viral load done when due	83%	395	(13% - 100%)
Viral load <50	<b>⇒</b> 50%	235	(0% - 100%)
Viral load >1000	<b>28%</b>	134	(0% - 100%)

#### 235 files with high VL were managed

# Results: Nurses Viral Failure Workshops

8 workshops given in 2017
 (2 staff members for 8 days)

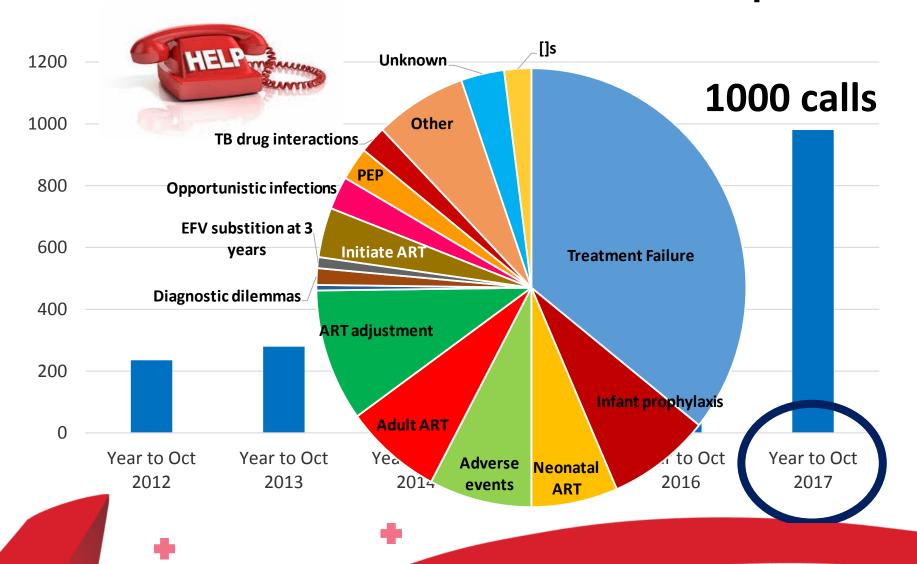
- 258 nurses trained from 149 facilities
- Course evaluation by participants scored 95%
- Quality of lectures scored 98%.

#### Results: NHLS VL RfA

- 64 children identified with high viral loads
- 25% (n=16) received an intervention
- 64% (n=41) were still being traced
- 11% (n=7) were lost to follow up or had no file at the facility

Patient DOB	Sex	Patient Age	Taken Date	HIV VL Result (Detected VL)	Total No. of Previous Consecutive VL >1000
02-SEP-	F	1 month 15 days	17-0CT-	6 709 475	
2017	<u> </u>	i illulitii 15 days	2017	0 703 473	
09-JUL-	F	3 months 16 days	25-OCT-	1 924 895	
2017		3 months to days	2017		
02-JUN-	М	15 years 4 months	18-OCT-	4 440 000	4
2002	M	16 days	6 days 2017	1 110 000	I
08-FEB- 2017		8 months 15 days	23-0CT-	1 030 000	
	F		2017		

# Results: Paediatric HIV Helpline



# Results: bringing it all together

#### Kamhlushwa Clinic

- •File reviews performed in January 2017
- Nurses Viral Failure Workshop took place in April 2017
- Use of the helpline for ongoing support

	Total Viral loads	VL >1000	% VL >1000
Sep-16	395	145	37%
Sep-17	493	133	27%

27% decrease in rate of high viral load

### Conclusions

- A package of paediatric technical assistance is useful and necessary to decrease viral loads in children and adolescents.
- The automated file review template allows a quick method of improving many patient's management, identifying problem areas and mentoring nurses on problem areas.
- Focussed training is a cheap and quick method of reaching many people and many facilities.
- VL RfA follow up is labour intensive but shows direct results and is simplified by using the checklist.
- The helpline is readily used by nurses to receive help with treatment failure and other difficult cases.

## Recommendations

- Enter a facility with a baseline assessment and file review
- Identify and explain problem areas to facility staff
- Offer a range of interventions focussing on the gaps identified
- Together create a tailored package
- Ongoing support through helplines
- Monitor progress with repeated file reviews at regular intervals

# Summary points:

- The automated file review template is a cheap, quick and easy platform to:
  - identify problem areas in a facility
  - mentor staff on problem areas
  - monitor progress
- Focussed training is a cheap and quick method of reaching many people and many facilities.
- The Paediatric HIV Helpline is also a cheap and much needed resource for ongoing support.
- Following up children with high VLs from the NHLS RfA Report can be simplified using the high VL checklist.
- These interventions work well as a package of TA to support nurses from different angles.

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